IRREVOCABLE LETTER OF CREDIT

	Letter of Credit Number
	Date
	Amount
Issued by (Bank Name & Address)	Beneficiary
Applicant (Health Spa - Name and Address Of Covered Facility) *Physical Location Of Spa No PO Boxes.	COMMONWEALTH OF VIRGINIA COMMISSIONER, VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, OR DIRECTOR, OFFICE OF CONSUMER AFFAIRS 1100 BANK STREET, ROOM 103, RICHMOND, VA 23219
Ladies and Gentlemen:	
YOUR FAVOR FOR THE ACCO	LE LETTER OF CREDIT NUMBER INDUNT OF (Facility name and Street Address) FOR A SUM NOT EXCEEDING (Amount in not in Words) AVAILABLE BY
YOUR SIGHT DRAFTS ON (Name of Issuing	Bank), /IRGINIA, ACCOMPANIED BY THE FOLLOWING DOCUMENT:
OF AGRICULTURE AND CONSUPROTECTION OF THE VIRGINIA DISTATING THAT (Applicant) OBLIGATIONS UNDER THE VIRGIN	IED BY THE COMMISSIONER OF THE VIRGINIA DEPARTMENT UMER SERVICES OR DIRECTOR, OFFICE OF CONSUMER DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, HAS NOT SATISFACTORILY PERFORMED ITS NIA HEALTH SPA ACT, ' 59.1-294, et seq., CODE OF VIRGINIA, CEPTABLE SUBSTITUTE LETTER OF CREDIT OR BOND TO DURING THE TERM OF CREDIT.
	IT MUST BE MARKED "DRAWN UNDER (Name of Issuing Bank) , VIRGINIA, LETTER OF CREDIT
NUMBER" AN	D BE ACCOMPANIED BY THE ORIGINAL LETTER OF CREDIT.
AND SHALL AUTOMATICALLY RENEW F	ID FOR A PERIOD OF ONE YEAR FROM THE DATE HEREOF ROM YEAR TO YEAR THEREAFTER UNLESS (Issuing Bank) SHALL GIVE SIXTY DAYS PRIOR WRITTEN NOTICE
	WASHINGTON BUILDING, ROOM 103, 1100 BANK STREET, NT TO TERMINATE SAME AT THE EXPIRATION OF SAID ONE
	ILL DRAFTS DRAWN UNDER AND IN COMPLIANCE WITH THE Y HONORED UPON PRESENTATION AND DELIVERY AT THIS REDIT.
	ETS FORTH IN FULL THE TERMS OF OUR UNDERTAKING. THIS BE MODIFIED, AMENDED OR AMPLIFIED BY REFERENCE TO ERRED TO HEREIN.
Name of Issuing Bank	Authorized Signature
	Type Name:
	Title:

modified 4/14/00